

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title Line One::	DELIVERY CATHETER FOR
Title Line Two::	RIBBON-TYPE PROSTHESIS
Title Line Three::	AND METHODS OF USE
Attorney Docket Number::	NVS-1040
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	5
Total Drawing Sheets::	5
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	
Family Name::	Hogendijk
Name Suffix::	
City of Residence::	Palo Alto
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address::	501 Forest Ave., #904
City of Mailing Address::	Palo Alto
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94301

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Todd
Middle Name::	
Family Name::	Thompson
Name Suffix::	
City of Residence::	San Jose
State or Province of Residence::	California

Country of Residence:: US
 Street of Mailing Address: 1289 Camino Pablo
 City of Mailing Address:: San Jose
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 95125

 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Miles
 Middle Name::
 Family Name:: Alexander
 Name Suffix::
 City of Residence:: Fremont
 State or Province of Residence:: California
 Country of Residence:: US
 Street of Mailing Address: 34226 Gannon Terrace
 City of Mailing Address:: Fremont
 State or Province of Mailing Address:: California
 Country of Mailing Address:: US
 Postal or Zip Code of Mailing Address:: 94555

Correspondence Information

Correspondence Customer Number:: 35023
 Phone Number:: 858.720.6320
 Fax Number:: 858.523.4326

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation-in-part of	10/342,427	1/13/03
10/342,427	An application claiming the benefit under 35 USC 119(e)	60/436,516	12/24/02

Assignment Information

Assignee Name::	NovoStent Corporation
Street of Mailing Address::	1500 Wyatt Dr., #10
City of Mailing Address::	Santa Clara
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95054

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